



PBP Training

Table of Contents

The PBP 2022 training covers the following lessons:

- PBP Introduction
- HPMS and PBP/BPT software
- PBP Overview and key software features
- Data Entry/Functionality
 - Section A
 - Section B
 - Section C
 - Section D
 - Section Rx
- Key software features for data entry
- Benefit Review Highlights/Plan Benefit Reviews
- List of contacts



PBP Introduction

- Objectives
- Types of Training Content
 - Static Informational Slides
 - Automated Demonstrations
- Navigation

Objectives

By the end of this training, you will be able to:

- Discuss the relationship between HPMS and PBP/BPT Software
- Provide a brief overview of the PBP
- Describe key software features for entering data into the PBP
- Describe basic PBP 2022 data entry and functionality, and follow data entry best practices
- Describe key software features for completing the PBP
- Identify and locate PBP bid reports on the HPMS website
- View the list of contacts

HPMS and PBP/BPT software

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HPMS and PBP/BPT Software - continued

- Overview: relationship between HPMS and PBP/BPT software
- Downloading Steps

PBP/BPT Overview


- HPMS is the central repository of all Organization/Plan Bid data
- CY2022 plans are created in HPMS via the Bid Submission Module. For more information on the 2022 Bid Submission module, please refer to the 2022 Bid Submission User's Manual, located in the documentation section of the Bid Submission Module.
- The PBP Software Package (including BPTs) is downloaded from HPMS
- HPMS Organization and Plan-Specific Information are populated in the PBP Software

Downloading Steps

The HPMS Bid Submission Page for CY 2022 houses the following steps to complete the download of the PBP software and plan data and upload the completed PBP and BPTs:

- Step 1: Download and install the PBP Software (includes BPTs)
- Step 2: Set up your plan-specific information
- Step 3: Edit your plan marketing information
- Step 4: Edit your plan customer service contact information
- Step 5: Edit your plan co-brand data
- Step 6: Edit your plan PCN/BIN data
- Step 7: Download your plan-specific information
- Step 8: After completing your PBP and BPT data entry, upload your bid to HPMS. Other required supporting materials should also be uploaded to HPMS.

Downloading Steps - continued

 **HPMS**
Health Plan Management System

TEST

HPMS TEST USER F | Log Out | A A A
Last logged in at 2:27 PM on March 15, 2021

[Contract Management](#) | [Plan Bids](#) | [Plan Formularies](#) | [Monitoring](#) | [Quality and Performance](#) | [Risk Adjustment](#) | [Data Extract Facility](#) | [User Resources](#)

[Home](#) > [Bid Submission](#) > [CY 2022](#) > [Plan-Specific Download](#) [Add to My Favorites](#)

Plan-Specific Download - 2022 **Bid Submission** +

The UPDATPBP2022.ZIP file should be downloaded to the directory where your PBP Data Entry System Software is installed (e.g., C:\PBP).

[Download](#)

Click on the **Download** button to download your plan-specific information.

- On the Download Plan-Specific Information page, you may see one or more messages for incomplete information (e.g., incomplete organization, plan, and/or contact information).
- The messages will provide instructions as to how to complete the missing information.
- You must complete this information prior to downloading the plan-specific information.

[About HPMS](#) | [Website Accessibility](#) | [Web Policies](#) | [File Formats and Plug-Ins](#) | [Rules Of Behavior](#) | [System](#)
CV: 1.31.0.0.1

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CY 2022 PBP Software

- PBP Overview
- Key Software Features
 - File Paths and Other Preferences
 - Multi-User Environment
 - Management Screen
 - Data Entry Screen
 - Types of PBP Help
 - Edit Rules & Exit Validations
 - Year-to-Year Plan Copy
- Set File Paths

PBP Overview

- Provides standard set of benefits
- Facilitates CMS bid review and approval process
- Generates data for CMS websites (e.g., Medicare Plan Finder)
- Provides CMS Regional Offices with data reports (via HPMS) to review marketing materials

Key Software Features

- File Paths and Other Preferences
 - Set File Paths
 - Set Preferences/Options
- Multi-User Environment
- Management Screen
- Data Entry Screen
- Types of PBP Help
- Edit Rules & Exit Validations
- Year-to-Year Plan Copy

Set File Paths

PBP 2022 Management Screen

File Actions Preferences Help

Exit PBP Copy Plan Data Reports Plan Maintenance User Maintenance

Paths Options

Select a Contract Number

Z0001-EXAMPLE CONTRACT

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
801	PD-Only EGHP (Employer PDP)	0	test		Plan Ready for Upload

Section B: Select a Service Category (Double-click or press Space bar to select)

Service Category	Status
01: Inpatient Hospital Services	N/A
02: Skilled Nursing Facility (SNF)	N/A
03: Cardiac and Pulmonary Rehabilitation Services	N/A
04: Emergency/Urgently Needed Services	N/A
05: Partial Hospitalization	N/A

OON, POS, V/T Section C - N/A

Plan-level costs and Optional Packages Section D - N/A

Medicare Rx Drugs Section Rx - N/A

Upload

Ready

Select Preferences,
then Paths.

Set File Paths - continued

PBP File Paths:

The PBP File Paths screen will appear during the initial login, at which point users must specify a backup path and paths for the BPTs, Reports, and Import/Export File in order to proceed to the PBP Management screen.

Additionally, if a specified path becomes “invalid” (i.e., deleted or renamed), users will once again encounter the PBP File Paths screen during login and that path will need to be reestablished before proceeding to the PBP Management screen.

Specify the paths for Backups, BPTs, Reports, and the Import/Export File.

Note: To ensure that the backup file will survive a hard drive failure, it is advisable that it be set up on a network directory or removable drive, rather than the C: drive of the user’s PC.

Click OK when finished.

PBP File Paths

Network Configuration

PBP can store the data collection and plans databases in a different location (e.g., network drive). Enter the file path where the databases will reside:

Choose
Database
Folder

Backups

PBP will backup the data collection databases (pbp2022.MDB and pbplans2022.MDB) each time it is exited normally. Enter the file path where the databases will be copied and zipped:

NOTE: This field may not be left blank.

Choose
Backup
Folder

BPT Spreadsheets

When performing the Upload and Update features, PBP needs to know where the BPT Spreadsheets are located. Enter the file path for BPT Spreadsheets:

NOTE: For plans that do not require a BPT the BPT Spreadsheets path will be set to "Network Configuration" path.

Choose
BPT
Folder

Reports

Enter the file path for PBP reports saved to file:

Choose
Report
Folder

Import/Export File Location

When performing the Import/Export features, PBP needs to know where the Import/Export file is located. Enter the file path for the Import/Export File:

Choose
Import/
Export
Folder

OK

Close

Set Preferences / Options

The screenshot shows the 'PBP Management Screen' with a menu bar (File, Actions, Preferences, Help) and a toolbar (Exit PBP, Copy Plan, Data Reports, Plan Maintenance, User Maintenance). The 'Preferences' menu is open, showing 'Paths' and 'Options'. The 'Options' dialog box is displayed, showing the 'Accessibility' section with the option 'Display all PBP variables in Blue' checked. The 'Startup' section has 'Do not Display PBP Management Screen Data Entry Instructions' checked. The background shows a table for 'Section A: Select a Plan' and 'Section B: Select a Service Category'.

Plan ID	Plan Name
801	PD-Only Ed

Service Category	
01: Inpatient Hospital Services	
02: Skilled Nursing Facility	
03: Cardiac and Pulmonary Rehabilitation Services	N/A
04: Emergency /Urgently Needed Services	N/A
05: Partial Hospitalization	N/A

OON, POS, V/T	Plan-level costs and Optional Packages	Medicare Rx Drugs
Section C - N/A	Section D - N/A	Section Rx - N/A

Ready

First click on Preferences, then Options.

Choose this option to change to blue color scheme.

Multi-User Environment

- PBP software can be configured to operate in a multi-user, network environment
 - Multiple users accessing the same data collection and plan information databases located on a shared drive on a network file server
 - Each of the PCs must have the PBP software installed

Note: It is NOT recommended that the PBP software be installed on a file server (not supported)

PBP Management Screen Contract/Plan Selection and Completion Status

PBP Management Screen

File Actions Preferences Help

Exit PBP Copy Plan Data Reports Plan Maintenance User Maintenance

Select a Contract Number

Z0001 - EXAMPLE CONTRACT

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
018	MA-PD A/B SNP Dual-Eligible DS (Regional PPO SNP)	0			New
019	MA-PD A/B DS (Regional PPO)	0			New
020	MA-PD A/B SNP Institutional EA (Regional PPO SNP)	0			New
021	MA-PD A/B EA (Regional PPO)	0			New

Section B: Select a Service Category (Double-click or press Space bar to select)

Service Category	Status
01: Inpatient Hospital Services	New
02: Skilled Nursing Facility (SNF)	New
03: Cardiac and Pulmonary Rehabilitation Services	New
04: Emergency/Urgently Needed Services	New
05: Partial Hospitalization	New

OON, POS, V/T
Section C - New

Plan-level costs and Optional Packages
Section D - New


Medicare Rx Drugs
Section Rx - New

Upload

Ready

Select a contract number in order to have plans display in Section A.

PBP Data Entry by Plan Type

- **Section A: Organization and plan general info**
 - Option for Standard Bid
 - **Section B: In-network benefits**
 - **Section C:**
 - Out-of-Network benefits
 - Point-of-Service benefits
 - Visitor/Travel Program
 - **Section D: Plan-level costs and optional packages**
 - **Section Rx: Medicare Part D benefit**
- 
- Refer to PBP
Data Entry
Matrix in CY 2022
Bid Submission
User's Manual

PBP Data Entry Screen

The screenshot displays the PBP Data Entry System interface. The window title is "PBP Data Entry System - Section B-1, Contract Z0001, Plan 001, Segment 0". The interface includes a menu bar with "File" and "Help", a navigation bar with "Go To: #1a Inpatient Hospital-Acute - Base 2", and a data entry toolbar with buttons for "Next", "Exit (Validate)", and "Exit (No Validate)". The main data entry window contains several sections for inputting plan details, including service-specific maximum enrollee out-of-pocket costs, Medicare-covered coinsurance cost sharing, and tiered cost sharing.

Menu Bar

Title Bar

Navigation Bar

Data Entry Toolbar

Data Entry Window

PBP Data Entry System - Section B-1, Contract Z0001, Plan 001, Segment 0

File Help

Go To: #1a Inpatient Hospital-Acute - Base 2

Next Exit (Validate) Exit (No Validate)

Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

☐ Yes ☐ No

Indicate the Maximum Enrollee Out-of-Pocket Cost periodicity:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

☐ Every three years ☐ Every two years ☐ Every year ☐ Every six months ☐ Every three months ☐ Every Benefit Period ☐ Every Stay ☐ Other, Describe

Does this plan's Medicare-covered benefit costsharing vary by hospital(s) in which an enrollee obtains care?

☐ Yes ☐ No

How many costsharing tiers do you offer?

What is your lowest cost tier?

☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Is there an enrollee Coinsurance?

☐ Yes ☐ No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

☐ Yes ☐ No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:

☐ Zero (No Coinsurance per Day) ☐ One ☐ Two ☐ Three

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinurance % Interval 1 Begin Day Interval 1: End Day Interval 1:

Coinurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

PBP Data Entry

- Questions (or “variables”) may or may not be enabled.
 - If a question is not enabled, the text will be grayed out and you cannot enter data for the variable
 - Questions that are enabled will be displayed in regular text and will allow you to enter data

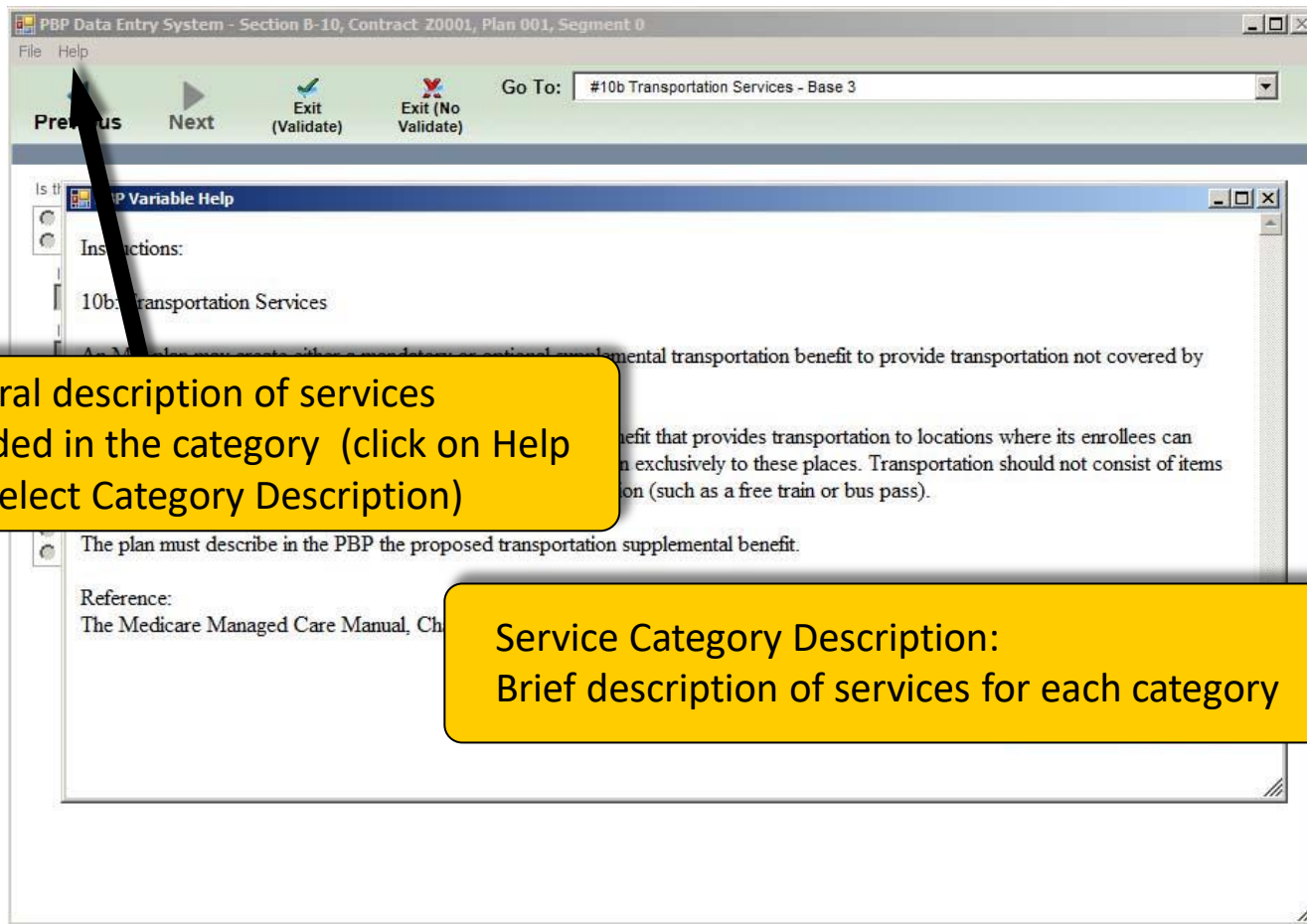
PBP Data Entry - continued

- You must complete all enabled questions
 - The only exception is if an enabled question contains the word “Optional” in parentheses
- If you select any option such as “No, describe” or “Other, describe” then you must explain by adding text to the “Notes (Optional)” field

Types of PBP Help

- Service category general descriptions
- Medicare-covered benefit descriptions
- Variable Help
- On-screen labels
- PBP General System Help

Service Category General Descriptions



Medicare-covered Benefit Descriptions

The screenshot displays the 'PBP Data Entry System' interface. At the top, the window title is 'PBP Data Entry System - Section 8-1, Contract 20001, Plan 001, Segment 0'. Below the title bar is a menu bar with 'File' and 'Help'. A toolbar contains buttons for 'Previous', 'Next', 'Exit (Validate)', and 'Exit (No Validate)', along with a 'Go To:' dropdown menu set to '#1a Inpatient Hospital-Acute - Base 1'. The main content area has a section titled 'CLICK FOR DESCRIPTION OF BENEFIT' with a button. Below this, there are radio buttons for 'Does the plan provide Inpatient Hospital-Acute Services?' (Yes/No) and checkboxes for 'Select enhancement' (Addition, Non-Medicare, Upgrade). There are also radio buttons for 'Select type' (Mandatory, Optional) and a section for 'Is this benefit...' (Yes/No). A large black arrow points from a yellow callout box to the 'CLICK FOR DESCRIPTION OF BENEFIT' button. The description text for '1a: Inpatient Hospital-Acute' is visible, detailing Medicare coverage for semi-private rooms, meals, general nursing, and drugs. At the bottom right, there are 'Print' and 'Close' buttons.

PBP Data Entry System - Section 8-1, Contract 20001, Plan 001, Segment 0

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #1a Inpatient Hospital-Acute - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Select type of benefit for Non-Medicare-covered stay:

☒ Mandatory

Does the plan provide Inpatient Hospital-Acute Services?

☐ Yes ☐ No

Select enhancement

☐ Addition ☐ Non-Medicare ☐ Upgrade

Select type

☒ Mandatory ☐ Optional

Is this benefit...

☐ Yes ☐ No, inpatient

DESCRIPTION OF BENEFIT: 1a: Inpatient Hospital-Acute

Instruction:

Benefit description:

Medicare Part A covers semi-private rooms, meals, general nursing, and drugs as part of your inpatient treatment, and other hospital services and supplies. This includes care a beneficiary receives in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient care as part of a qualifying clinical research study, and mental health care.

...period.* Medicare also covers 100 lifetime reserve days can be used in a benefit period.

...skilled nursing facility (SNF) or as an inpatient in the hospital or as a skilled care in a SNF) for a benefit period. If a benefit period is ended, a new benefit period begins.

Print Close

Medicare Benefit Description:
Describes Original Medicare benefit for the given service category. If the service category does not have an Original Medicare benefit, the Medicare benefit description will not be available.

Variable Help

PBP Data Entry System - Section B-1, Contract Z0001, Plan 001, Segment 0

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #1a Inpatient Hospital-Acute - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Select type of benefit for Non-Medicare-covered stay:

Does supply

☐ Yes

☐ No

Select

☐ A

☐ N

☐ U

PBP Variable Help

Instructions:

1a: Inpatient Hospital-Acute

The following items and services are furnished to an inpatient of a hospital and by the hospital: (1) bed and board; (2) nursing services and other related services, use of hospital facilities, medical social services, drugs, biologicals, supplies, appliances, and equipment, for use in treatment of inpatients; and (3) other diagnostic or therapeutic items with the hospital, as are ordinarily furnished to inpatients either by

ing in the data entry fields provided.

ers for services offered by the MA plan and the tiers are transparent

to prospective and actively enrolled beneficiaries and plan providers.

The following benefits are eligible to be offered as supplemental benefits:

- Additional Days
- Non-Medicare-covered Stays
- Upgrades

References:

42 CFR Part 409 Subparts A, B, E and F and the Medicare Benefit Policy Manual, Pub 100-2, Chapters 1, 3, 5, and 6.

Print Close

Select F1 or right-click on the variable to display the Variable Help.

On-screen Labels

PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #6 Home Health Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category, except for MMPs.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Is there an enrollee Coinsurance?

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

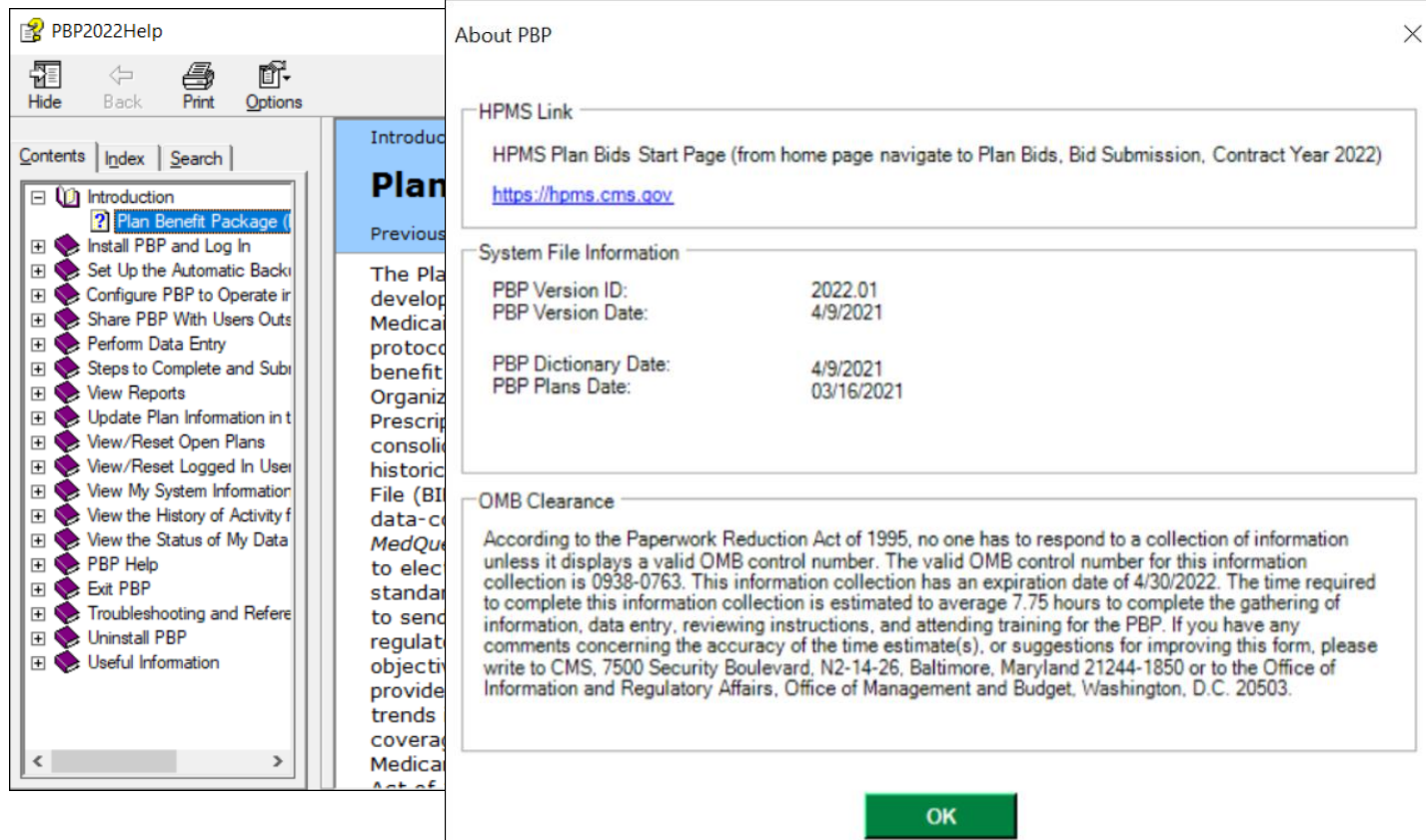
On-screen labels

Every three years
Every two years
Every year
Every six months
Every three months
Other, Describe

System Help

General Help: Provides PBP system help regarding how to use and maintain the software.

About Help: Identifies software information (e.g., Version ID, and dates for the version and dictionary)



Data Edit Rules

PBP Data Entry System - Section 8-9, Contract 20001, Plan 001, Segment 0

File Help

Go To: #9c Outpatient Substance Abuse - Base 2

Previous Next Exit (Validate) Exit (No Validate)

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Deductible?

☐ Yes ☐ No

Indicate Deductible Amount:

Is there an enrollee Coinsurance?

☒ Yes ☐ No

Select which Outpatient Substance Abuse service Coinsurance (Select all that apply):

☒ Medicare-covered Individual Sessions

☒ Medicare-covered Group Sessions

Indicate Minimum Coinsurance percentage for Individual Sessions:

100

Indicate Maximum Coinsurance percentage for Medicare-covered Individual Sessions:

Indicate Minimum Coinsurance percentage for Medicare-covered Group Sessions:

Indicate Maximum Coinsurance percentage for Medicare-covered Group Sessions:


Indicate Minimum Copayment amount for Medicare-covered Individual Sessions:

Indicate Maximum Copayment amount for Medicare-covered Individual Sessions:

Indicate Minimum Copayment amount for Medicare-covered Group Sessions:

Indicate Maximum Copayment amount for Medicare-covered Group Sessions:

Warning

 Coinsurance Percentage must be less than or equal to 50%

OK

Data edit rules generate pop-up Warnings that explain errors in data entry. Clicking OK returns you to data entry.

Exit Validation

PBP Data Entry System - Section B-3, Contract Z0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #3 Cardiac and Pulmonary Rehabilitation Services - Base 2

Maximum Plan Benefit Coverage is not applicable for this Service Category. Select which Cardiac and Pulmonary Rehabilitation Services have a Coinsurance (Select all that apply):

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

☐ Yes
☐ No

Indicate Maximum Enrollee Out-of-Pocket:

Select Maximum Enrollee Out-of-Pocket:

☐ Every three years
☐ Every two years
☐ Every year
☐ Every six months
☐ Every three months
☐ Other, Describe

You must include total cost sharing to the facility cost sharing. If you have a variety the minimum and maximum fields to reflect sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

☐ Yes
☐ No

Errors/Warnings

Section B-3, Contract Z0001, Plan 001

ERROR: Response required. QUESTION: Indicate Minimum Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services.

ERROR: Response required. QUESTION: Indicate Maximum Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services.

ERROR: Response required. QUESTION: Indicate Minimum Coinsurance percentage for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services.

ERROR: Response required. QUESTION: Indicate Maximum Coinsurance percentage for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services.

ERROR: Response required. QUESTION: Is authorization required?

Selected Error

ERROR: Response required. QUESTION: Indicate Minimum Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services: SCREEN: #3 Cardiac and Pulmonary Rehabilitation Services - Base 2

Go To Screen With Error Print Errors Continue Return to Data Entry

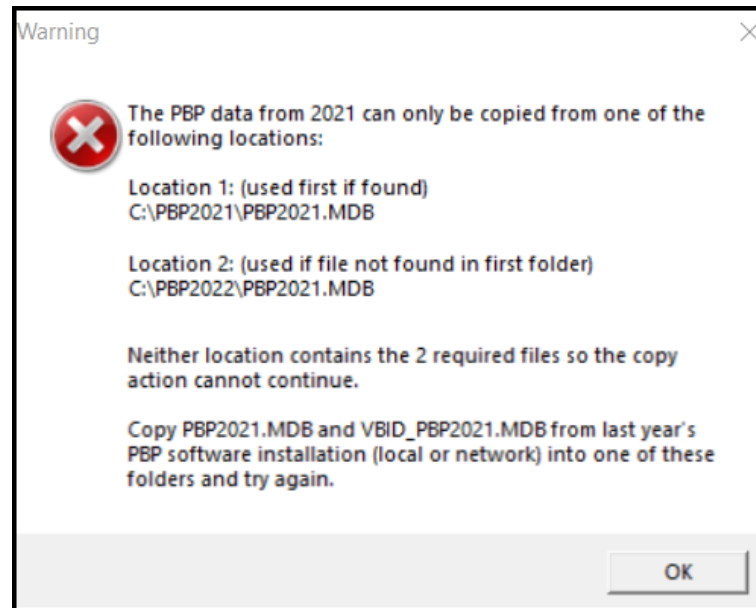
Indicate Coinsurance percentage for Additional Pulmonary Rehabilitation Services:

Indicate Coinsurance percentage for Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services:

Exit validation rules generate a message listing any errors or potential problems when you select Exit (Validate). You must resolve all Errors before the PBP will mark the category as "Completed," but you do not need to resolve all Warnings to have a category marked "Completed."

Copy Plan (from Previous Year)

- Allows you to copy benefits data from previous year
- Requires previous year data (PBP2021.mdb) to be available
 - Previous year's .mdb data file must be located in the PBP2021 folder
 - The following message will appear if your prior year plan data are NOT available



Copy Plan (from Previous Year) – page 2

PBP Management Screen

File Actions Preferences Help

Copy Plan
Copy Plan (from Previous Year)
Import/Export Reports
Update Plan Information
Upload
Plan Maintenance
User Maintenance

Plan Data Reports Plan Maintenance User Maintenance

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
001	RFB MA-PD A/B DS (PPO)	0	test		A Completed

Section B: Select a Service Category (Double-click or press Space bar to select)

Service Category	Status
01: Inpatient Hospital Services	Incomplete
02: Skilled Nursing Facility (SNF)	New
03: Cardiac and Pulmonary Rehabilitation Services	New
04: Emergency/Urgently Needed Services	New
05: Partial Hospitalization	New

OON, POS, V/T
Section C - New

Plan-level costs and Optional Packages
Section D - New

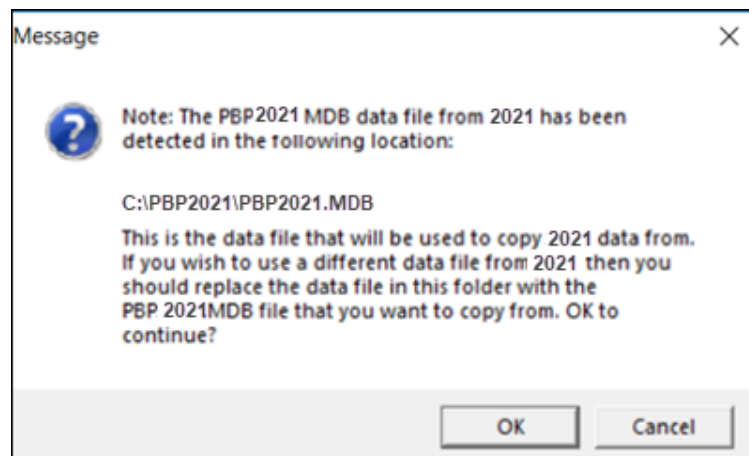
Medicare Rx Drugs
Section Rx - New

Upload

Ready

Copy Plan (from Previous Year) – page 3

- The following message will appear if your prior-year plan data are available



- User can only copy **one** plan to **one** plan at a time
- NOTE: The copy will **overwrite** any data entry in the current year (2022) for the selected plan

Copy Plan (from Previous Year) – page 4

Select Source Plan (from previous year) and Destination Plan (in current year)

PBP Management Screen

File Actions Preferences Help

Exit PBP Copy Plan Data Reports Plan Maintenance User Maintenance

Select a Contract Number
Z0001 - EXAMPLE CONTRACT

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
001					

Section B: Service Category

- 01: Inpatient
- 02: Skilled Nursing
- 03: Cardiac and Vascular
- 04: Emergency
- 05: Partial Hospitalization

PBP (Previous Year) Plan Copy

Step 1: Select Source Plan (from previous year) and Destination Plan (in current year)

#	Plan	Status	Name
1	Z0002-811-000	Incomplete	PD-Only EGHP (Employer)
2	Z0005-801-000	A Complete	MA-Only Full Network E
3	Z0000-040-000	Plan Ready for Upload	MA-PD A/B (PACE)
4	Z0000-042-000	Plan Ready for Upload	MA-PD A/B (PACE)
5	Z0007-001-000	A Complete	MA-PD A/B EA MMP E
6	Z0051-001-000	Incomplete	1876 MA-Only A/B (Cos
7	Z0051-004-000	Incomplete	1876 MA-Only A/B (Cos

To

#	Plan	Status	Name
1	Z0001-001-000	New	1876 MA-Only A/B (Cost)
2	Z0001-004-000	New	1876 MA-Only A/B (Cost)
3	Z0001-005-000	New	1876 MA-Only A/B (Cost)
4	Z0004-008-000	New	1876 MA-PD A/B EA (Cost)
5	Z0004-009-000	New	1876 MA-PD A/B EA (Cost)
6	Z0004-010-000	New	1876 MA-PD A/B BA (Cost)
7	Z0004-011-000	New	1876 MA-PD A/B EA (Cost)
8	Z0004-012-000	New	1876 MA-PD A/B EA (Cost)

Step 2: Click to Copy

Only previous year plans that have a status of Plan Ready for Upload can be copied to current year.

Plans can only be copied when the previous year and current year Organization/Plan types are the same.

Go Copy Close

OON, POS, V/T Section C - New

Plan-level costs and Optional Packages Section D - New

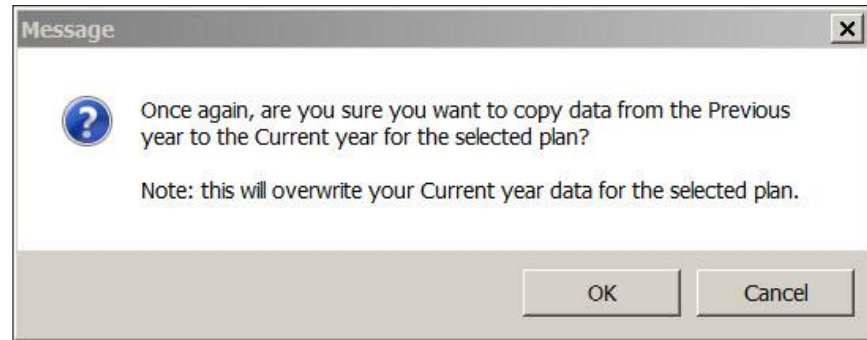
Medicare Rx Drugs Section Rx - New

Upload

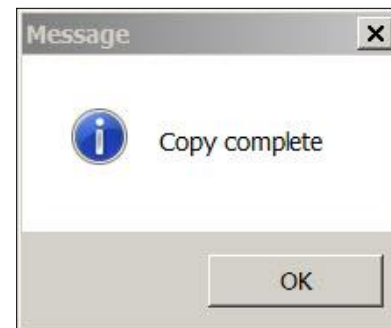
Ready

Copy Plan (from Previous Year) – page 5

- After you click on OK, the system will prompt you to confirm



- System will display sections being copied, then a message will appear when the copy is complete



Copy Plan (from Previous Year) – page 6

PBP Management Screen

File Actions Preferences Help

Exit PBP Copy Plan Data Reports Plan Maintenance User Maintenance

Select a Contract Number

Z0001 - EXAMPLE CONTRACT 1

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
039	MA-PD A/B SNP Dual-Eligible DS (HMO SNP) (HMO SNP)	0			Incomplete
040	MA-PD A/B SNP Dual-Eligible EA (HMO SNP) (HMO SNP)	0			New
041	MA-PD A/B SNP Dual-Eligible EA (HMO SNP) (HMO SNP)	0			New
042	MA-PD A/B HMO VBIID Segmented EA (HMO)	1			New

Section B: Select a Service Category (Double-click or press Space bar to select)

Service Category	Status
05: Partial Hospitalization	Incomplete
06: Home Health Services	Incomplete
07: Health Care Professional Services	Incomplete
08: Outpatient Procedures, Tests, Labs & Radiology Services	Incomplete
09: Outpatient Services	Incomplete

OON, POS, V/T
Section C - Incomplete

Plan-level costs and Optional Packages
Section D - Incomplete

Medicare Rx Drugs
Section Rx - Incomplete

Upload

Ready

PBP sections that copied will show a status change from New to Incomplete.

Copy Plan (from Previous Year) – page 7

When **Plan Copy (from Previous Year)** has been completed, the status of the sections that have been copied change from “New” to “Incomplete.” Starting with Section A, the user must open each section with that status and select “Exit (Validate)” in order to change the status to “Completed.”

Copy tip : If you have a plan in 2021 that you want to use for multiple 2022 plans, copy the 2021 plan into 2022, then use the 2022 PBP Plan Copy Feature to populate multiple plans, and make any necessary changes.

Data Entry/Functionality

The PBP 2022 Training covers the following lessons:

- PBP Introduction
- HPMS and PBP/BPT software
- PBP Overview and key software features
- **Data Entry/Functionality**
 - **Section A**
 - **Section B**
 - **Section C**
 - **Section D**
 - **Section Rx**
- Key software features for data entry
- Benefit Review Highlights/Plan Benefit Reviews
- List of contacts



Basic PBP 2022 Data Entry and Functionality – Section A

Section A

Section A

- General plan information
- Most fields are entered in HPMS (and pre-populated in the PBP)
 - Downloaded into PBP (read-only variables)
- Double-click on the plan to access the plan's data entry
- Limited data entry for MA and MA-PD plans
- All plan types must successfully *Exit with Validation* to go on and complete other sections

Section A - continued

- The entries in some fields affect data entry in other PBP sections. Some key fields and the sections they affect are:
 - Plan type
 - Sections B, C, D
 - Network indicator
 - Sections C & D
 - Enrollee Type (Part A and Part B; Part B Only)
 - Section B: Inpatient Hospital & SNF
 - Special Needs Plan (SNP) information
 - Section B
 - Standard Bid Questions
 - Sections B, C, D
- Refer to the PBP Data Entry Matrix in the CY 2022 Bid Submission User's Manual for more specifics and a complete list of all fields that affect other PBP data entry

Section A – HPMS Data Updates

Changes to HPMS Organization/Plan data:

- Contract Management Module data changes*
 - Organization Marketing Name
 - Contract Service Area
 - Organization Web Addresses

**All other fields in Contract Management may only be edited by CMS. Please contact your Account Manager if these fields must be modified.*

Section A – HPMS Data Updates - continued

- Most data in Section A is entered/updated in the Bid Submission Module under Manage Plans in HPMS.
 - The following information comes from Set Up Plans:
 - Add/Delete Plans
 - Plan Type (includes designation of Employer-Only)
 - Plan Name, Plan Geographic Name, and Segment Name
 - Plan Service Area
 - Participating Pharmacy Website Address
 - Physician Website Address (except for PDP plans)
 - Formulary Website Address
 - The following information comes from Edit Contact Data (Customer Service Phone #s):
 - Current Members (Part C and Part D/local and toll-free)
 - Prospective Members (Part C and Part D/local and toll-free)

Section A – HPMS Data Updates: PBP – Update Plan Information

- Upon completion of plan information updates in HPMS, a ZIP file called UPDATPBP2022_*date/time*.ZIP is created
- You are required to save the new UPDATPBP2022_*date/time*.ZIP file to the directory where you installed the PBP2022 software

Section A – HPMS Data Updates: PBP – Update Plan Information – continued 1

The screenshot displays the 'PBP Management Screen' with a menu bar (File, Actions, Preferences, Help) and a toolbar (Plan, Data, User Maintenance). The 'Actions' menu is open, showing options: Copy Plan, Copy Plan (from Previous Year), Import/Export Reports, **Update Plan Information** (highlighted), Upload, Plan Maintenance, and User Maintenance. A yellow callout box with an arrow points to 'Update Plan Information' with the text: 'Select “Update Plan Information” from the Actions menu'.

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
003	MA-Only A/B (HMO)	0			New
004	MA-PD A/B SNP Institutional DS/BA/EA (HMO SNP)	1			New
004	MA-PD A/B SNP Institutional DS/BA/EA (HMO SNP)	2			Incomplete
004	MA-PD A/B SNP Institutional DS/BA/EA (HMO SNP)	3			New

Section B: Select a Service Category (Double-click or press Space bar to select)

Service Category	Status
01: Inpatient Hospital Services	New
02: Skilled Nursing Facility (SNF)	New
03: Cardiac and Pulmonary Rehabilitation Services	New
04: Emergency/Urgently Needed Services	New
05: Partial Hospitalization	New

Buttons:

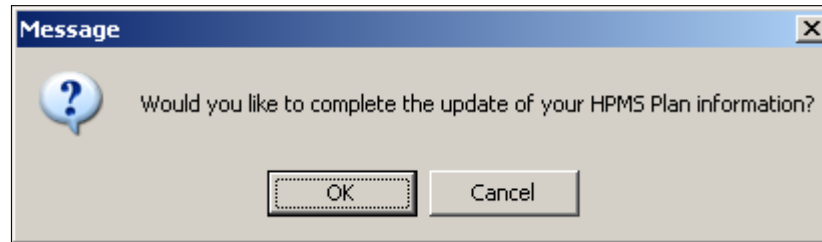
- OON, POS, V/T: Section C - New
- Plan-level costs and Optional Packages: Section D - New
- Medicare Rx Drugs: Section Rx - N/A
- Upload

Ready

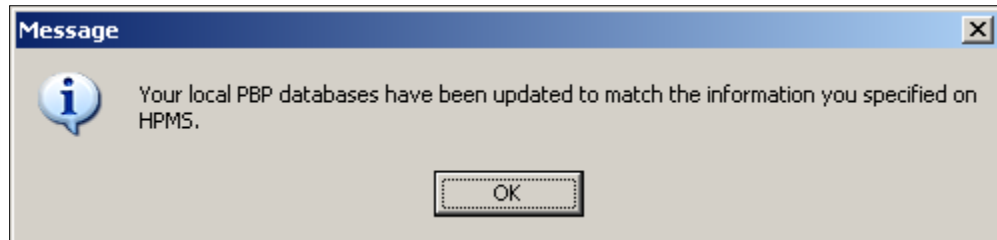
Section A – HPMS Data Updates:

PBP – Update Plan Information – continued 2

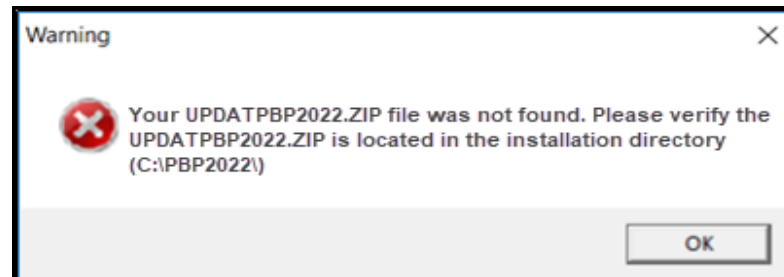
Return to PBP Management Screen. Select OK to complete the update.



A message will confirm that your local databases have been updated to match HPMS; click on OK.



A warning message will appear if the HPMS update file was not found.





Basic PBP 2022 Data Entry and Functionality – Section B

Section B

Section B

- Plan-specific benefits information
- 20 Service Categories
 - VBID (Value-Based Insurance Design)/ UF (Uniformity Flexibility)/SSBCI (Special Supplemental Benefits for the Chronically III)
 - For VBID plans
 - For plan types who may offer MA Uniformity Flexibility
 - For plan types who may offer Special Supplemental Benefits for the Chronically III
 - PBP Section B-20: Outpatient Prescription Drugs
 - Only for Cost Contracts NOT offering Medicare Part D
- 57 Subcategories
 - Medicare-covered benefits
 - Enhanced benefits:
 - Mandatory and Optional Supplemental benefits covered by the plan, but not by Medicare
 - Mandatory Supplemental Medicaid benefits covered only by a Medicare-Medicaid Plan, but NOT by Medicare
 - PBP Section B-13h: Additional Benefits,
 - Only for Medicare-Medicaid Plans

Section B – ‘Big 9’ Category Questions

1. Enhanced (Mandatory or Optional Supplemental) benefits
2. Maximum Plan Benefit Coverage (for non-Medicare benefits only)
3. Maximum Enrollee Out-of-Pocket costs
4. Coinsurance (for Medicare and enhanced benefits)
 - Single amount
 - Min/Max range
 - Intervals

Section B – ‘Big 9’ Category Questions - continued

5. Deductible
6. Copayments (for Medicare and enhanced benefits)
 - Single amount
 - Min/Max range
 - Intervals
7. Authorization
8. Referral
9. Notes

B-14a: Medicare-covered Zero Cost Sharing Preventive Services

- The \$0 cost sharing preventive services are not listed on the B-14a Medicare-covered Zero Dollar Preventive Services screen. There is a single attestation check box that reads:
 - I attest that there is no coinsurance, copayment, or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing.
- The following informational labels are also on the B-14a Medicare-covered Zero Dollar Preventive Services screen:
 - A note that reads “Note: Plan may not require an authorization or referral for certain \$0 cost sharing preventive services, for example, screening mammograms.”
 - An authorization question that reads “Is authorization required?”
 - A referral question that reads “Is a referral required?”
 - A notes field that is restricted to 3000 characters.
- “Other” Medicare-covered preventive services are listed in B-14e

MMP-Specific Screens

- For MMP (Medicare-Medicaid Plans), additional data entry screens appear in Section B in the following sections:
 - 6 – Home Health Services
 - 7c – Occupational Therapy Services
 - 7i – Physical and Speech Therapies
 - 11a – Durable Medical Equipment (DME)
 - 11b – Prosthetics/Medical Supplies
 - 13h – Additional Services
- MMP-specific screens require the following information:
 - Maximum Plan Benefit Coverage Amount
 - Coinsurance Minimum/Maximum
 - Copayment Minimum/Maximum
 - Authorization
 - Referral
 - Periodicity (as appropriate)

B-13h: Additional Services

- Section B-13h is available only to MMP plans. This section contains data entry allowing MMP plans to offer the following Additional Services:
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
 - Tobacco Cessation Counseling for Pregnant Women
 - Freestanding Birth Center Services
 - Respiratory Care Services
 - Family Planning Services
 - Nursing Home Services
 - Home and Community Based Services
 - Personal Care Services
 - Self-Directed Personal Assistance Services
 - Private Duty Nursing Services
 - Case Management (Long Term Care)
 - Institution for Mental Disease Services for Individuals 65 or Older
 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
 - Case Management
 - Other 1 through Other 38

B-13h: Additional Services - continued

- The names of services Other 1 through Other 38 must be entered by the plan.
- All services in Section B-13h require the following data:
 - Service limits, limit units, and periodicity
 - Service-specific Maximum Plan Benefit Coverage Amount
 - Maximum Plan Benefit Coverage Periodicity
 - State-operated waiver information (if applicable)
 - Patient pay amount (if applicable)
 - Coinsurance (Minimum/Maximum)
 - Copayment (Minimum/Maximum)
 - Authorization
 - Referral

B-19 VBID/UF/SSBCI

- A VBID plan will outline the components of its Wellness and Health Care Planning (WHP) offered to all enrollees.
- A VBID plan can offer three packages of Part C Rewards and Incentives.
- in B-19a, a VBID, UF, or SSBCI plan will be allowed to create multiple reduced cost-sharing packages (15 maximum package options).
- In B-19b, a VBID, UF, or SSBCI plan will be allowed to create multiple additional benefits packages (15 maximum package options).
- VBID plans can offer a VBID Hospice benefit in B19c.

B-19a Reduced Cost Sharing for VBID/UF/SSBCI Plans

- In B-19a, a VBID, UF, or SSBCI plan will be allowed to create multiple reduced cost-sharing packages (15 maximum package options).
- Only VBID and UF packages will select one or more of the following disease states that apply to each package:
 - Diabetes
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive Heart Failure (CHF)
 - Patient with Past Stroke
 - Hypertension
 - Coronary Artery Disease
 - Mood Disorders
 - Rheumatoid Arthritis
 - Dementia
 - Other CMS-Approved Disease State (for VBID only)
 - Other 1 – Other 5 (for UF only)

B-19a Reduced Cost Sharing for VBID/UF/SSBCI Plans - continued

- SSBCI packages will select one or more of the following chronic conditions that apply to each package:
 - Chronic Alcohol And Other Drug Dependence
 - Autoimmune Disorders
 - Cancer
 - Cardiovascular Disorders
 - Chronic Heart Failure
 - Dementia
 - Diabetes
 - End-Stage Liver Disease
 - End- Stage Renal Disease (ESRD)
 - Severe Hematologic Disorders
 - HIV/AIDS
 - Chronic Lung Disorder
 - Chronic and Disabling Mental Health Conditions
 - Neurologic Disorder
 - Other 1 – Other 5

B-19a Reduced Cost Sharing for VBID/UF/SSBCI Plans - continued

- For each package in 19a the plan will indicate:
 - Whether there is a prerequisite for reduction in cost sharing.
 - Indicate the Medicare-covered and Non-Medicare-covered benefits that will have reduced cost sharing.
 - Whether any of the Medicare-covered and Non-Medicare-covered benefits are exempt from the plan level deductible.
 - Whether any of the Medicare-covered and Non-Medicare-covered benefits offer a reduced coinsurance, copayment, and/or deductible and enter the amount.
 - Whether the benefits in the package will apply to OON/POS.
- If a benefit is offered in B-19a: VBID/MA Uniformity Flexibility/SSBCI, the maximum cost-sharing amount entered must be equal to or less than the cost sharing entered for the regular Part C benefit, as identified in the regular PBP Section B screen(s).
- Each package will contain a single notes field.

B-19b Additional Benefits for VBID/UF/SSBCI Plans

- In B-19b, a VBID, UF, or SSBCI plan will be allowed to create multiple additional benefits packages (15 maximum package options). Only VBID and UF packages will select one or more of the following disease states that apply to each package:
 - Diabetes
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive Heart Failure (CHF)
 - Patient with Past Stroke
 - Hypertension
 - Coronary Artery Disease
 - Mood Disorders
 - Rheumatoid Arthritis
 - Dementia
 - Other CMS-Approved Disease State (for VBID only)
 - Other 1 – Other 5 (for UF only)

B-19b Additional Benefits for VBID/UF/SSBCI Plans- continued

- SSBCI packages will select one or more of the following chronic conditions that apply to each package:
 - Chronic Alcohol And Other Drug Dependence
 - Autoimmune Disorders
 - Cancer
 - Cardiovascular Disorders
 - Chronic Heart Failure
 - Dementia
 - Diabetes
 - End-Stage Liver Disease
 - End- Stage Renal Disease (ESRD)
 - Severe Hematologic Disorders
 - HIV/AIDS
 - Chronic Lung Disorder
 - Chronic and Disabling Mental Health Conditions
 - Neurologic Disorder
 - Other 1 – Other 5

B-19b Additional Benefits for VBID/UF/SSBCI Plans - continued

- For each package in B-19b the plan will indicate:
 - Whether there is a prerequisite for any additional benefits.
 - The Non-Medicare-covered additional benefits that will be offered.
 - Whether any of the Non-Medicare-covered benefits are exempt from the plan-level deductible.
 - Whether the benefits in the package will apply to OON/POS.
 - Cost sharing for any additional Non-Medicare-covered benefits.
- Each package will contain a single notes field.
- Only VBID and SSBCI packages may offer the 13i- Non-Primarily Health related Benefits for the Chronically Ill and 13i- Non-Primarily Health related Benefits for the Chronically Ill (Other) as part of 19B.



Basic PBP 2022 Data Entry and Functionality

Section C

Section C

- Out-of-Network (OON) benefits
- Point of Service (POS) Option
- Visitor/Travel Program (V/T) - U.S.

See Plan Data Entry matrix in CY 2022 Bid Submission User's Manual for PBP sections available by plan type

Section C – Out-of-Network

OON service categories:

- PPO and Full Network PFFS plans must offer the same benefits In-Network and Out-of-Network
- All other plan types that cover OON benefits (i.e., Partial Network PFFS) may subset benefits using Category pick list

Section C – Point of Service

- Type of benefit
 - Mandatory or Optional Supplemental
- Select service categories for POS
- Coverage Limit
- Enrollee Out-of-Pocket Cost Limit
- Deductible
- Authorization
- Referral

Section C – Visitor/Travel

- Offered (Yes/No)
- Type of benefit
 - U.S. (Mandatory or Optional Supplemental)
- The plan must furnish all plan covered services in its designated V/T area(s), including all Medicare Parts A and B services and all mandatory and optional supplemental benefits at in-network cost-sharing levels, consistent with Medicare access and availability requirements at 42 CFR 422.112.
- Select Geographic Area
 - In the United States and its territories
 - Other

Section C – Cost-Share Structure

- Inpatient Hospital & Skilled Nursing Facility
 - Coinsurance / Copayment options:
 - Medicare-defined costs
 - Single amount (per stay, if applicable)
 - Intervals with varying costs
 - Deductible (if applicable)
 - Maximum Plan Benefit Coverage

Section C – Cost-Share Structure - continued

- Outpatient Services (1-15 groups)
 - Group together categories that have the same cost shares
 - Coinsurance / Copayment
 - Min/Max range
 - Deductible
 - Maximum Plan Benefit Coverage



Basic PBP 2022 Data Entry and Functionality – Section D

Section D

Section D – Plan Level Costs

- Deductible
- Maximum Enrollee Out-of-Pocket Cost
 - Mandatory for all plan types (Optional for Cost Plans)
- Maximum Benefit Coverage
 - Applies to Non-Medicare benefits only
- Plan Premium (Part A/B)
 - Only for Cost Plans (all other plans enter in BPT)
- Premium Reduction
- Balance Billing (PFFS plans only)

Section D – Plan Level Costs - continued

Plan-level Deductible: Indicate service categories included

- Screens based on plan type and network indicator
 - In-Network
 - Combined (In-Network and Out-Of-Network)
 - Out-of-Network
 - General (Non-Network)
 - Single (LPPO/RPPO Only)

Section D – Plan Level Costs (LPPO/RPPO Deductible)

If an LPPO or RPPO plan offers a deductible, it must be offered as a single annual deductible defined as either:

- Medicare-Defined Part A Deductible Amount
- Medicare-Defined Part B Deductible Amount
- Medicare-Defined Part A and Part B Deductible amount combined as a single deductible
 - Applied as a single deductible
 - Differentially applied to Part A and Part B Medicare Services, reflecting original Medicare structure
- An amount indicated by the plan

LPPO and RPPO plans include all OON Medicare-covered Services in the annual Deductible except B-14a:

Medicare-covered Zero Dollar Preventive Services, which the plan can choose to exclude

Section D – Plan Level Costs (LPPO/RPPO Deductible) - continued

- LPPO and RPPO plans can include any combination of the following:
 - In-Network Medicare-covered benefits
 - In-Network Non-Medicare-covered benefits
 - Out-of-Network Non-Medicare-covered benefits
- LPPO and RPPO plans can choose to apply their deductible differentially to individual benefits as long as any one differential deductible does not exceed the single annual plan level deductible
- LPPO and RPPO plans may offer a separate deductible for mandatory enhanced benefits.

Section D – Plan Level Costs – continued 2

- Plan-level Maximum Enrollee Out-of-Pocket Cost: Pick list of service categories INCLUDED
 - Screens based on plan type and network indicator
 - Combined (In-Network and Out-Of-Network)
 - In-Network
 - Out-of-Network
 - General (Non-Network)

Section D – Reductions in Cost Sharing

- A plan can offer up to three groups of Reductions in Cost Sharing
 - Select the Medicare-covered and Non-Medicare covered benefits to which the Reductions in Cost Sharing apply
 - Indicate the maximum plan benefit amount, periodicity, and mode of delivery
 - Indicate whether the deductible applies

Section D – Combined Supplemental Benefits

- A plan can offer up to three packages of Combined Supplemental Benefits
 - Select the Non-Medicare covered benefits included in each package
 - Indicate shared maximum plan benefit amount, if applicable
 - Indicate whether the enrollee is limited to one or more of the combined supplemental benefits from the package

Section D – Optional Supplemental Packages

- A plan can create up to five Optional Supplemental benefit packages
 - Select applicable service categories for Optional Supplemental Package
 - Enter package deductible (if applicable)
 - Enter package premium (Cost Plans only)
 - MMPs are not allowed to create Optional Supplemental Packages
- For the “Big 9” categories, a plan can enter additional data (similar to Section B screens)
 - Can **COPY** data from Section B category and make necessary changes for variation (Step-up) in benefit (e.g., 2 visits vs. 1 visit)
 - Out-of-Network data entry (similar to Section C-OON Group screens) available only for PPOs and other plans with OON benefits



Basic PBP 2022 Data Entry and Functionality – Section Rx

Section Rx

Part D Benefit Types

- 4 Part D Benefit Types:
 - Defined Standard – *minimal data entry*
 - Actuarially Equivalent Standard – *moderate data entry*
 - Basic Alternative – *detailed data entry*
 - Enhanced Alternative – *detailed data entry*
- **Only one Part D Benefit type may be defined per plan**

Rx General Screen 1

- Required Data Entry:
 - Part D drug benefit offered
 - Type of drug benefit
 - Components of Pharmacy Network
 - The locations and cost-sharing structure selected here must agree with the locations selected on the Tier Locations Screen(s) or the General Location/Supply Screen
 - Long Term Care (LTC) prescription drug dispensing attestation

Rx General Screen 2

- Required Data Entry:
 - Floor pricing (non-MMP plans only)
 - Ceiling price (non-MMP plans only)
 - Free first fill (Basic and Enhanced Alt. only)
 - Over-the-Counter Items under a Utilization Management Program
 - Over-the-Counter Attestation (MA organizations only)

Rx General Screen 3

- Screen available for all plans except Defined Standard
- Required Data Entry
 - Indicate the total number of formulary tiers (must match the formulary submission count)
 - Identify the formulary exception tiers
 - Indicate whether a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions exists
 - Indicate the lower level cost-sharing Formulary Exceptions Tier if there are two exceptions tiers

Tier Model Screen

- Required Data Entry:
 - Tier Models
 - Based on total tier count selected on Rx General Screen 3
 - Defines tier labels and hierarchy structure
 - Must match information provided in the formulary submission tier
 - Only enabled for AE, BA and EA benefit types
 - MMP tier models different than non-MMP plans

Tier Drug Type and Cost-Share Structure Screen

Required Data Entry:

- Tier Drug Type(s): Allowable selections based on tier labels chosen on the Tier Model screen
- Tier Includes:
 - Part D Drugs and/or excluded drugs (options for non-MMP plans only)
 - Part D Drugs and/or Non-Medicare Covered Drugs/OTCs (options for MMPs only)
- Cost-sharing Structure (for each tier):
 - Coinsurance
 - Copayment (the only option for MMPs)
 - Greater of Coinsurance and Copayment
 - Lesser of Coinsurance and Copayment

Tier Cost Sharing Screens

- Cost sharing for each tier entered on one screen
- Required Data Entry:
 - Pre-ICL and Additional Gap Coverage cost sharing
 - Depending on the cost-sharing structure selected:
 - Enter Copayment amount for selected location / days supply; and/or
 - Enter Coinsurance percentage for selected location / days supply
 - Cost sharing should increase as tier number increases, with few exceptions for highest tier offerings (e.g. \$0 vaccine tier on tier 5 or 6)
 - Pre-ICL cost sharing for coinsurance tiers only
 - Enter the average expected copay equivalent for 1 month coinsurance cost sharing
 - Pre-ICL cost sharing for copayment tiers only
 - Enter the daily copay amount on the daily copayment screen
 - Post-Out-of-Pocket threshold cost sharing
 - Enter the copayment amount and coinsurance percentage

Tier Information

- Pre-ICL Tier Labels, Tier Drug Types, and Pharmacy Location attributes are pre-populated across the other benefit phases (i.e., Gap, Catastrophic)

Tier Model

		2022 Tier Label						
2022 Tier Structure	2022 Option	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
2 Tiers	A	Generic	Brand	---	---	---	---	---
	B	Generic	Preferred Brand	---	---	---	---	---
3 Tiers	A	Generic	Brand	Specialty Tier	---	---	---	---
	B	Generic	Preferred Brand	Specialty Tier	---	---	---	---
	C	Generic	Preferred Brand	Non-Preferred Brand	---	---	---	---
	D	Preferred Generic	Preferred Brand	Non-Preferred Drug	---	---	---	---
	E	Generic	Preferred Brand	Non-Preferred Drug	---	---	---	---

Tier Model continued

2022 Tier Structure	2022 Option	2022 Tier Label						Tier 7
		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
4 Tiers	A	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	Optional *	---	---
	B	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Optional *	---	---
	C	Preferred Generic	Generic	Preferred Brand	Specialty Tier	Optional *	---	---
	D	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Optional *	---	---
	E	Preferred Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	Optional *	---	---
	F	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Optional *	---	---
	G	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Optional *	---	---
	H	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	Optional *	---	---
	I	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Optional *	---	---
	J	Generic	Brand	Preferred Specialty Tier	Specialty Tier	---	---	---
	K	Generic	Preferred Brand	Preferred Specialty Tier	Specialty Tier	---	---	---

New for CY2022

New for CY2022

Tier Model continued

2022 Tier Label								
2022 Tier Structure	2022 Option	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
5 Tiers	A	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	Optional *	---
	B	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Optional *	---
	C	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Specialty Tier	Optional *	---
	D	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	Optional *	---
	E	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier	Optional *	---
	F	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	Optional *	---
	G	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Optional *	---
	H	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier	Optional *	---
	I	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier	Optional *	---
	J	Preferred Generic	Generic	Preferred Brand	Preferred Specialty Tier	Specialty Tier	Optional *	---
	K	Preferred Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Optional *	---
	L	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Optional *	---

New for CY2022

New for CY2022

New for CY2022

New for CY2022

Tier Model continued

2022 Tier Label								
2022 Tier Structure	2022 Option	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7
6 Tiers	A	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier	Optional *
	B	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Optional *
	C	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Optional *
	D	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Optional *
	E	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Optional *
	F	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Optional *
	G	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	---
	H	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier	---
7 Tiers	A	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
	B	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier

New for CY2022

New for CY2022

New for CY2022

New for CY2022

New for CY2022

New for CY2022

New for CY2022

New for CY2022

New for CY2022

New for CY2022

*The optional 5th, 6th, or 7th tier can be used as an excluded-drug-only tier or for other meaningful offerings such as a \$0 vaccine-only tier, Select Care or Select Diabetes Drugs.

Part D Benefit Data Entry Summary

Data Entry	Defined Standard	Actuarially Equivalent Standard	Basic Alternative	Enhanced Alternative	MMP
Deductible	Medicare-defined	Medicare-defined	✓	✓	Must be \$0
Excluded drug coverage	N/A	N/A	N/A	✓	N/A
Reduced Part D Cost Sharing	N/A	N/A	N/A	✓	Mandatory
Pre-ICL Cost Sharing	Medicare-defined	✓	✓	✓	N/A
Initial Coverage Limit (ICL)	Medicare-defined	Medicare-defined	✓	✓	No ICL
Additional Reductions in Gap Cost Sharing	N/A	N/A	N/A	✓	No Gap
Cost Sharing Before OOP Threshold	N/A	N/A	N/A	N/A	✓
Cost Sharing Beyond OOP Threshold	Medicare-defined	✓	✓	✓	✓
General Locations / Supply Screen	✓	N/A	N/A	N/A	N/A

Section Rx-VBID

- VBID plans can offer three packages of Part D Rewards and Incentives. For each package, users will describe the incentives and eligibility criteria and indicate the maximum annual Part D Rewards and Incentives available.
- VBID plans are allowed to create multiple reduced cost-sharing packages (15 maximum package options) and within each package, the plan will:
 - Select one or more of the following disease states that apply to the package:
 - Diabetes
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive Heart Failure (CHF)
 - Patient with Past Stroke
 - Hypertension
 - Coronary Artery Disease
 - Mood Disorders
 - Rheumatoid Arthritis
 - Dementia
 - Other CMS-Approved Disease State
 - Indicate which phase of the benefit will have reduced cost-sharing: Pre-ICL, Coverage Gap, and Catastrophic Coverage.
 - Indicate whether the cost sharing reduction is contingent upon participation in a wellness or care management program.
 - Each package will contain a single notes field.

Section Rx-VBID - continued

- A plan may only select tiers and Location/Supply amounts that are offered in the regular Rx benefit.
- The cost sharing does **not** need to be reduced for all phases of the benefit, but one or more phases must have some reduction.
- If a tier is offered on the Section Rx VBID screens, the maximum cost-sharing amount entered must be equal to or less than the cost sharing entered for the regular Part D benefit, as identified in the regular PBP Section Rx screen(s).

Section Rx-Part D Payment Modernization

- Part D Payment Modernization Model Plans must describe their model flexibilities in Section Rx, including Part D Rewards and Incentives.
- A plan will select one or more Part D Payment Modernization Model Flexibility from the following list:
 - Part D Rewards and Incentives Program
 - the plan describes the incentive and the eligibility criteria.
 - Reduction or Elimination of Cost Sharing on Generic Drugs and Biosimilars for Low-Income Subsidy Beneficiaries
 - the plan indicates the type of reduction or elimination
 - Medication Therapy Management+ (MTM+)
 - Plan Timeliness for Standard Initial Coverage Determinations
 - Limited Initial Days' Supply
 - Cost-Sharing Smoothing

Section Rx-Part D Senior Saving Model

- Part D Senior Savings Model Plans must indicate participation in the model.
 - whether the plan opt-in to the First Corridor Risk Threshold and/or if the plan offers rewards and incentives.
 - If the plan selects Part D Rewards and Incentives, under the PDSS model the user describes the type of reward and incentive, the frequency and, the eligibility criteria.
 - If the plan selects First Corridor Risk Threshold, the user will have to indicate the cost sharing and cost sharing location under the Part D Senior Savings Model.

Key Software Features for Data Entry

The PBP 2022 Training covers the following lessons:

- PBP Introduction
- HPMS and PBP/BPT software
- PBP Overview and key software features
- Data Entry/Functionality
 - Section A
 - Section B
 - Section C
 - Section D
 - Section Rx
- **Key software features for data entry**
- Benefit Review Highlights/Plan Benefit Reviews
- List of contacts



Key Software Features – to Complete the PBP

To Complete
the PBP

Key Software Features - continued

- File Backups
- Copy Plan (within year)
- Plan Maintenance
- PBP Reports
- Upload Plan(s)

PBP File Backups

- PBP provides an archive folder in the PBP Installation Directory
- Automatically stores backup of every upload and update file
- Backup files important for security, historical reference and to aid in root cause analysis of errors

Copy Plan (*within year*)

- Click on ACTIONS in the menu bar. Then, select the Copy Plan option from the drop-down menu

OR

- Click on the <COPY PLAN> button in the tool bar
- Note: Only the applicable, similar sections will be copied. The copy functionality will not overwrite basic properties of the plan (e.g., if you copy an MA-PD to an MA, it will only copy the MA data and will NOT convert the plan to an MA-PD).

Copy Plan (within year) - continued

PBP Copy Plan

Step 1: Select Source Plan and Destination Plan(s)

Z0008 001 000 A Completed	Z0008 801 000 New
Z0000 042 000 Incomplete	Z0008 801 000 New
Z0000 001 000 A Completed	
Z0005 004 002 Incomplete	
Z0005 001 000 A Completed	Z0008 001 000 A Completed
Z0007 002 000 A Completed	Z0004 001 000 New
Z0007 005 000 A Completed	Z0007 029 000 New
Z0007 008 000 A Completed	Z0007 030 000 New
Z0007 009 000 A Completed	Z0007 035 000 New

Step 2: Select Copy Type

☐ Section A ☐ Section B

01: Inpatient Hospital Services
02: Skilled Nursing Facility (SNF)
03: Cardiac and Pulmonary Rehabilitation Services
04: Emergency/Urgently Needed Services
05: Partial Hospitalization
06: Home Health Services
07: Health Care Professional Services

Section C: ☐ Out-Of-Network ☐ Point Of Service
☐ Visitor/Travel - U.S.

☐ Section D ☐ Section Rx ☐ Section P

Step 3: Assign Copied Plans to User(s)

☒ Assign all target plans to a specific user
☐ Assign each target plan to the source plan user
☐ Keep the currently assigned user for each target plan

Step 4: Click to Copy

Progress:

Select the Source and Destination plans.

Select what you are copying.

Assign plans to users.

Click to copy.

Plan Maintenance

- Reset Open Plan(s)
 - This function is especially useful when abnormal termination of PBP occurs (e.g., power failure, system lockup)
 - When PBP is restarted, a user cannot access any plans marked as Open (* = open plan)
 - These plans must be reset by the Super User before data entry can continue

PBP Plan Maintenance

Contract/Plan ID	Assigned User	Plan Name	Open	Last Entry Date	Plan Ready for Upload
Z0000001000		PD-Only EGHP (Employer PDP)			No
Z0000001000	test	MA-PD A/B Full Network EGHP (Employer PFFS)		02/02/2018	No
Z0000001000		PD-Only EGHP (Employer PDP)			No
Z0000001000		MA-PD A/B No Network EGHP (Employer PFFS)			No
Z0000001000		MA-Only A/B EGHP (Employer Local PPO)			No
Z0000001000		PD-Only EGHP (Employer PDP)			No
Z0000001000		MA-Only Full Network EGHP (Employer PFFS)			No
Z0000001000		PD-Only AE (Fallback)			No
Z0000001000		RFB MA-PD A/B Full Network EA (PFFS)			No
Z0000009000		MA-PD A/B No Network EA (PFFS)			No
Z0000009000		MA-Only A/B No Network (PFFS)			No
Z0000009000		MA-PD A/B No Network BA (PFFS)			No
Z0000009000		MA-PD A/B No Network EA (PFFS)			No
Z0000009000		MA-PD A/B No Network DS (PFFS)			No

Assign Plan(s) **Reset Open Plan(s)** **Close**

Plan Maintenance - continued

Click on ACTIONS in the menu bar. Then, select Plan Maintenance from the drop down menu.
OR
Click on the <Plan Maintenance> button in the tool bar.

PBP Plan Maintenance

Contract/Plan ID	Assigned User	Plan Name	Open	Last Entry Date	Plan Ready for Upload
Z0000001000		PD-Only EGHP (Employer PDP)			
Z0000001000		MA-PD A/B Full Network EGHP (Employer PFFS)			
Z0000001000		PD-Only EGHP (Employer PDP)			
Z0000001000	test	MA-PD A/B No Network EGHP (Employer PFFS)	03/03/2021		No
Z0000001000		MA-Only A/B EGHP (Employer Local PPO)			No
Z0000001000		PD-Only EGHP (Employer PDP)			No
Z0000001000		MA-Only Full Network EGHP (Employer PFFS)			No
Z0000001000		PD-Only AE (Fallback)			No
Z0000001000		RFB MA-PD A/B Full Network EA (PFFS)			No
Z0000029000	test	MA-PD A/B No Network EA (PFFS)	03/03/2021		No
Z0000030000	test	MA-Only A/B No Network (PFFS)	03/03/2021		No
Z0000035000		MA-PD A/B No Network BA (PFFS)			No
Z0000036000		MA-PD A/B No Network EA (PFFS)			No
Z0000039000		MA-PD A/B No Network DS (PFFS)			No

Assign Plan(s)

Highlight open plan to be reset.

Click on Reset Open Plan(s) button.

PBP Data/History Reports

1. Click on Data Report.

Exit PBP Copy Plan Data Reports Plan Maintenance User Maintenance

Select a Contract Number
00001 - EXAMPLE CONTRACT

Section A: Select a Plan

Plan ID	Plan Name
003	MA-Only A/E
004	MA-PD A/E
004	MA-PD A/E
004	MA-PD A/E

Section B: Select a Service Category

1: Inpatient Hospital Services
2: Skilled Nursing Facility
3: Cardiac and Pulmonary
4: Emergency /Urgent Care
5: Partial Hospitalization

Section C: Select a Report/Action

Generate Data Report Or Generate History Report

Select Additional Events:
☐ Import ☐ Plan Update
☐ Export ☐ Plan Upload

Clear History for Selected Plans Close

Report Progress:

PBP Data and History Report

Step 1: Select Plan(s)

Contract/Plan ID	Assigned User	Open	Last Entry Date	Plan Ready for Upload	Section A Completed	Section B Completed	Section C Completed	Section D Completed	Section Rx Completed
Z00000000000				No	No	N/A	N/A	N/A	N/A
Z0000001000				No	No	N/A	N/A	N/A	N/A
Z0000002000	test		3/3/2021	No	Yes	No	No	No	No
Z0000003000				No	No	No	No	No	N/A
Z0000004001				No	No	No	No	No	No

Step 2: Select Section(s)

☐ Section A ☐ Section A - Notes
☐ Section B ☐ Section B - Notes
☐ Section C ☐ Section C - Notes
☐ Section D ☐ Section D - Notes
☐ Section Rx ☐ Section Rx - Notes

Check All

Step 3: Select Service Category

01: Inpatient Hospital Services
02: Skilled Nursing Facility
03: Cardiac and Pulmonary
04: Emergency /Urgent Care
05: Partial Hospitalization
06: Home Health
07: Health Care
08: Outpatient

Select All

2. Highlight plan(s) and select the sections and categories to display in the report.

3. Click on Generate Data Report or Generate History Report.

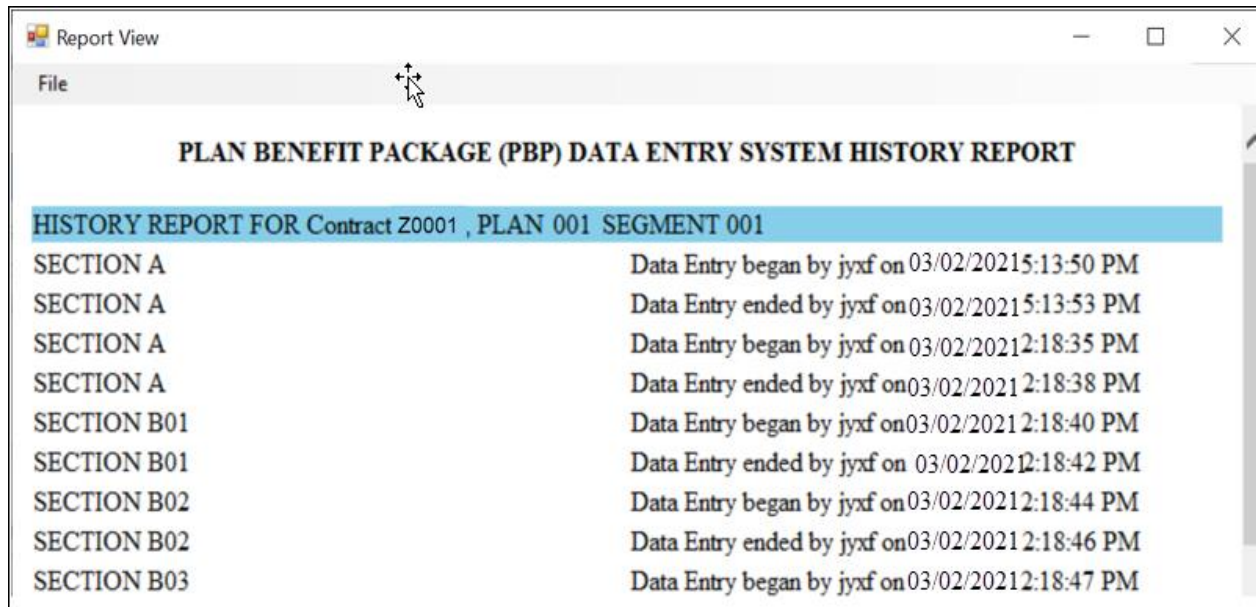
PBP Data Report

The screenshot shows a web application window titled "Report View". Inside, there is a "File" menu bar. The main content area displays the title "PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM DATA REPORT". Below this, a blue header bar contains the text "DATA REPORT FOR Contract Z0001 , PLAN001 , SEGMENT 1". The report content is organized into sections: "Module:" with value "PBP", "Requested By:" with value "jyxf", a grey header "PLAN SYSTEM INFORMATION", and a table of system details including "Last entry Date:", "PBP Software Version:", and "Plan Ready for Upload Timestamp:". Another grey header "PLAN STATUS" is followed by a list of sections (A through B8) and their corresponding statuses.

Module:	PBP
Requested By:	jyxf
PLAN SYSTEM INFORMATION	
Last entry Date:	03/2/2021
PBP Software Version:	2022.01
Plan Ready for Upload Timestamp:	03/2/2021 02:20:53 PM Eastern Daylight Time
PLAN STATUS	
Section A Status	Plan Ready for Upload
Section B1 Status	Completed
Section B2 Status	Completed
Section B3 Status	Completed
Section B4 Status	Completed
Section B5 Status	Completed
Section B6 Status	Completed
Section B7 Status	Completed
Section B8 Status	Completed

The Data Report displays the data that have been entered for a Section(s) or Service Category(ies). Only the questions that you responded to will display in the data report. Disabled questions will not be included in the report.

PBP History Report



Report View

File

PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM HISTORY REPORT

HISTORY REPORT FOR Contract Z0001 , PLAN 001 SEGMENT 001

SECTION A	Data Entry began by jyxf on 03/02/2021 5:13:50 PM
SECTION A	Data Entry ended by jyxf on 03/02/2021 5:13:53 PM
SECTION A	Data Entry began by jyxf on 03/02/2021 2:18:35 PM
SECTION A	Data Entry ended by jyxf on 03/02/2021 2:18:38 PM
SECTION B01	Data Entry began by jyxf on 03/02/2021 2:18:40 PM
SECTION B01	Data Entry ended by jyxf on 03/02/2021 2:18:42 PM
SECTION B02	Data Entry began by jyxf on 03/02/2021 2:18:44 PM
SECTION B02	Data Entry ended by jyxf on 03/02/2021 2:18:46 PM
SECTION B03	Data Entry began by jyxf on 03/02/2021 2:18:47 PM

The History Report shows what data was entered, the date and time it was entered, and who completed the data entry.

Upload Plan(s) – PBP – page 1

- Select Completed Plan(s) for Upload
 - Validate Bid
 - May validate one or more plans at a time
 - Upload
 - May upload one or more plans at a time

Upload Plan(s) – PBP – page 2

PBP Management Screen

File Actions Preferences Help

Copy Plan
Copy Plan (from Previous Year)
Import/Export Reports
Update Plan Information
Upload
Plan Maintenance
User Maintenance

Plan Data Reports Plan Maintenance User Maintenance

Section A: Select a Plan (Double-click or press Space bar to select)

Plan ID	Plan Name	Segment	User	Open	Status
003	MA-Only A/B (HMO)	0			New
004	MA-PD A/B SNP Institutional DS/BA/EA (HMO SNP)	1			New
004	MA-PD A/B SNP Institutional DS/BA/EA (HMO SNP)	2			Incomplete
004	MA-PD A/B SNP Institutional DS/BA/EA (HMO SNP)	3			New

Section B: Select a Service Category (Double-click or press Space bar to select)

Service Category	Status
01: Inpatient Hospital Services	New
02: Skilled Nursing Facility (SNF)	New
03: Cardiac and Pulmonary Rehabilitation Services	New
04: Emergency /Urgently Needed Services	New
05: Partial Hospitalization	New

OON, POS, V/T
Section C - New

Plan-level costs and Optional Packages
Section D - New

Medicare Rx Drugs
Section Rx - N/A

Upload

Ready

Select actions and then upload.
OR
Use the upload button.

Upload Plan(s) – PBP – page 3

PBP Plan Upload

Contract/Plan ID	Assigned User	Plan Name	Last Entry Date	Plan Ready for Upload	Bid Validated	Plan Uploaded
Z0000001000	test	MA-PD A/B SNP Dual-Eligible DS (H...	03/02/2021	Yes	Pending	Not uploaded yet
Z0000001000	test	MA-PD A/B SNP Dual-Eligible DS (H...	03/02/2021	Yes	Pending	Not uploaded yet
Z0000001000	test	MA-PD A/B SNP Dual-Eligible EA (H...	03/02/2021	Yes	Yes	Not uploaded yet

Once the validation is complete, the validation status will change from Pending to Yes.

Highlight the plan(s) you want to upload, then click on Validate Bid (unless disabled).

Validate Bid **Upload Plan(s)** **Close**

Progress:

Upload Plan(s) – PBP – page 4

- Bid Validation Errors and Warnings will display if plan(s) fail the Bid Validation checks

Bid Validation Error/Warning List

Error/Warnings for Z0001040000

The PD BPT for Contract Number H0540, Plan 040, Segment 0 could not be found: C:\PBP2022\Z0001040000PD.XLSX.

Return to Upload

Upload Plan(s) – PBP – page 5

PBP Plan Upload

Contract/Plan ID	Assigned User	Plan Name	Last Entry Date	Plan Ready for Upload	Bid Validated	Plan Uploaded
Z0000001000	test	MA-PD A/B SNP Dual-Eligible DS (H...	03/02/2021	Yes	Pending	Not uploaded yet
Z0000001000	test	MA-PD A/B SNP Dual-Eligible DS (H...	03/02/2021	Yes	Pending	Not uploaded yet
Z0000001000	test	MA-PD A/B SNP Dual-Eligible EA (H...	03/02/2021	Yes	Yes	Not uploaded yet

Progress:

Ensure the plan you want to upload is still highlighted, then click Upload Plans.

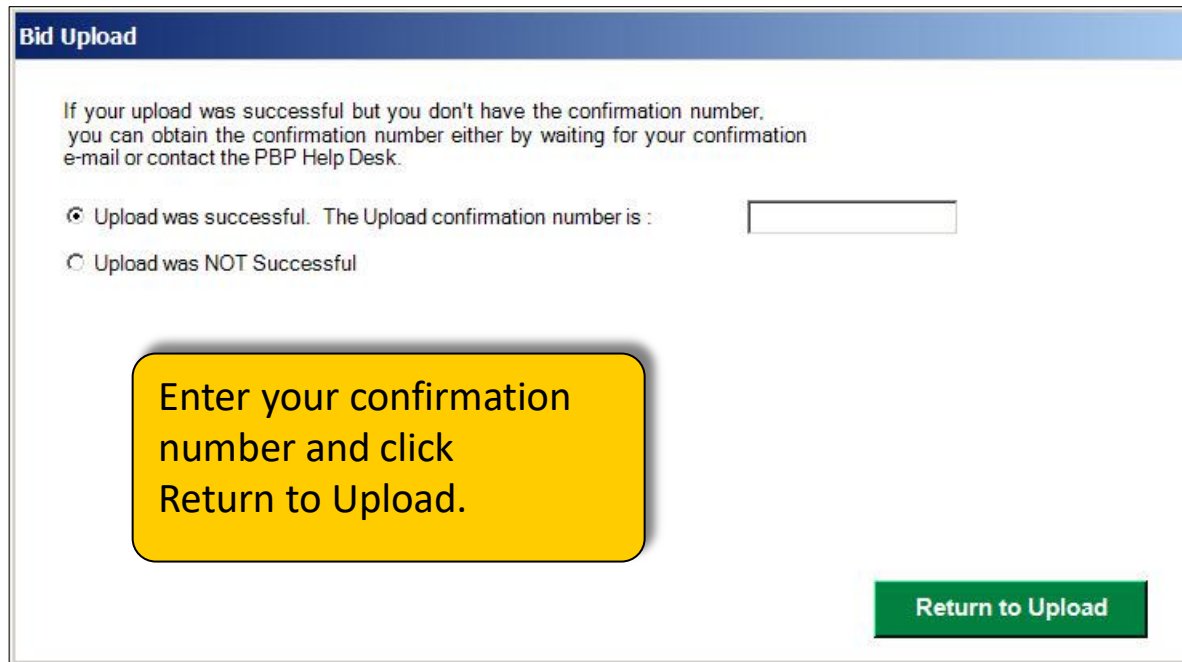
Note: Remember to specify the file path for the BPT worksheets

Upload Plan(s) - HPMS

- Uploading to HPMS
 - Step 1: After creating your ZIP file and clicking on the <OK> button, the browser is launched to access the HPMS website
 - Step 2: Log on to HPMS and follow this path:
HPMS Home Page -> Plan Bids -> Bid Submission -> CY 2022 -> Upload -> Bid Submission
 - Step 3: To select a plan to upload, click the check box in the “Upload This Plan” column, then click the <Next> button. You may upload one or more plans at once.
 - Step 4: To upload a plan, click the <Browse> button. Select the ZIP file you created in Step 1. The default location of the ZIP file is C:/PBP2022. The default name of the ZIP file is PBPUPLOD2022. After selecting your ZIP file, click the <Send> button and note the upload confirmation number.

Upload Plan(s) – HPMS - continued

To finish the upload process in the PBP, enter the upload confirmation number.



The screenshot shows a web form titled "Bid Upload" with a blue header bar. Below the header, there is a paragraph of text: "If your upload was successful but you don't have the confirmation number, you can obtain the confirmation number either by waiting for your confirmation e-mail or contact the PBP Help Desk." Below this text are two radio button options. The first option is selected and is followed by the text "Upload was successful. The Upload confirmation number is :" and an empty text input field. The second option is "Upload was NOT Successful". In the center of the form is a yellow rounded rectangle containing the text "Enter your confirmation number and click Return to Upload." In the bottom right corner of the form is a green button labeled "Return to Upload".

Bid Upload

If your upload was successful but you don't have the confirmation number, you can obtain the confirmation number either by waiting for your confirmation e-mail or contact the PBP Help Desk.

☒ Upload was successful. The Upload confirmation number is :

☐ Upload was NOT Successful


Enter your confirmation number and click Return to Upload.

[Return to Upload](#)

For additional information regarding the PBP upload process, please see the CY 2022 Bid Submission User's Manual.

Review Upload Status - HPMS

Review the status of your upload in HPMS.

**HPMS**
Health Plan Management System

TEST

HPMS TEST USER F | Log Out | A A A
Last logged in at 1:27 PM on March 16, 2021

Contract Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility | User Resources

Home > Bid Submission > CY 2022 > Review Upload Status

Add to My Favorites

Review Upload Status - 2022

Bid Submission +

[View PDF](#)

Contract	Plan	Segment	Plan Name	Service Area Verification	Plan Crosswalk	Formulary Crosswalk	Formulary Supplemental Files					Substantiation	Bid Submission	Lates Actuar	Certifica
							Partial Gap	Free First Fill	Home Infusion	OTC	Excluded Drugs			MA	F
Z0001	801	N/A	Test Plan		N/A		N/A	N/A	N/A	N/A	N/A	N/A		N/A	N


Back | Download To Excel

Notes:

- The table below lists the due dates for the above components.

Upload Requirement	Deadline
Service Area Verification	06/07/2021 11:59 PM PDT
Plan Crosswalk	06/07/2021 11:59 PM PDT
Formulary Crosswalk	06/07/2021 11:59 PM PDT
Formulary Supplemental Files	06/11/2021 11:59 AM EDT
Substantiation	06/07/2021 11:59 PM PDT
Bid Submission	06/07/2021 11:59 PM PDT

About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements
CV: 1.31.0.0.1



Resubmission Process

- To resubmit a bid prior to the bid submission deadline, re-upload following instructions on the previous slides
- To resubmit a bid after the bid submission deadline, plans should contact their CMS Reviewer to initiate the process and obtain further instructions. If unsure who to contact, submit resubmission request to the following mailbox:
 - Part C benefit resubmissions:
<https://mabenefitsmailbox.lmi.org/mabenefitsmailbox/MABenefitsMailbox>
and select “Part C Gate Opening” from the “Category” drop-down options on the bottom of the page
 - Part D benefit resubmissions: PartDBenefits@cms.hhs.gov
 - Bid Pricing Tool corrections: BidReviewC@cms.hhs.gov

Benefit Review Highlights/Plan Benefit Reviews

The PBP 2022 Training covers the following lessons:

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 - Section C
 - Section D
 - Section Rx
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- **Benefit Review Highlights/Plan Benefit Reviews**
- List of contacts



HPMS Bid Reports

Available under
Plan Bids

HPMS – PBP Reports

PBP Reports:

(Plan Bids -> Bid Reports -> 2022)

- PBP Benefits Report *(Section B data)*
- PBP Out-of-Network, Point of Service, Visitor/Travel Benefits Report *(Section C data)*
- Plan Level Cost Shares and Limits Report *(Section D data)*
- PBP Part D Benefits Report *(Rx data)*
- PBP Optional Supplemental Benefit Report
- PBP Notes Report
- Medicare Benefit Description Report
- Service Category Report

HPMS – Status and Preview Reports

Bid Status Reports:

(Plan Bids -> Bid Reports -> 2022)

- Submission Status Report
- Bid Status History Report
- Provides upload, unload, and sent to Desk Review status

HPMS – Contract Management Reports

- Service Area Report:
 - Contract Service Area, Plan Service Area, Plan Segment Service Area
- Contract and Plan Information Report:
 - Outlines contract level information (e.g., Org. Type, Org. Geographic Name, Corporate Website, etc.) and includes contract level and plan level contacts
- Plan Crosswalk Report:
 - To view after bid submission. This report shows the crosswalk of CY2021 to CY2022 plans and what counties were added/reduced

List of contacts

The PBP 2022 Training covers the following lessons:

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 - Section A
 - Section B
 - Section C
 - Section D
 - Section Rx
- Key software features for data entry
- Benefit Review Highlights/Plan Benefit Reviews
- **List of contacts**

PBP Contact List

PBP Software Technical Issues:

Andrew Chu
Erica Scott

andrew.chu@cms.hhs.gov
erica.scott@cms.hhs.gov

PBP/HPMS Technical Help Desk:

Help Desk

800-220-2028

hpms@cms.hhs.gov

Medicare-Medicaid Plan (MMP) Policy and Benefits:

MMP Marketing Operations and Policy Issues:
MMCO Resource Mailbox

MMCOCapsModel@cms.hhs.gov

MA Benefit Operations & Policy Issues:

MA Benefits Mailbox
MA Policy Mailbox

<https://MABenefitsMailbox.lmi.org>
<https://dpap.lmi.org>

MA Marketing Operations & Policy Issues:

MA Marketing Mailbox

Marketing@cms.hhs.gov

Part D Benefit Operations & Policy Issues:

Part D Benefits Mailbox
Part D Policy Mailbox

partdbenefits@cms.hhs.gov
partdpolicy@cms.hhs.gov

Part D Marketing Operations & Policy Issues:

Lucia Patrone
Chad Buskirk

410-786-8621
410-786-1630

lucia.patrone@cms.hhs.gov
chad.buskirk@cms.hhs.gov

Part C & D Star Ratings:

Part C & D Star Ratings Mailbox

PartCandDStarRatings@cms.hhs.gov

Value-Based Insurance Design Benefits:

VBID Mailbox

VBID@cms.hhs.gov

Part D Models:

Part D Payment Modernization Model
Part D Senior Savings Model

PartDPaymentModel@cms.hhs.gov
PartDSavingsModel@cms.hhs.gov